# Chains of Command

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# Applicable Instructions

1. **CINCPAC/CINCLNAT FLT 5450.5B dated Feb. 15, 2000**
2. **CNSP 6000.1H -- May 1, 2000**
3. **COMPHIBGRU ONE/THREE 5450.1A(*draft*)/6440.1C -- date?**

# PROBLEMS WITH THE INSTRUCTIONS??

***The instructions were sort of written in reverse order by people in very disparate locations – beginning at the lower level. CPF/CLF did not have a signed joint instruction until Feb. 15, 2000***

# PROBLEMS WITH THE INSTRUCTIONS??

Amphibious Group Level:

#1 Japan -- Medical represented by
LT Gouldman, MSC

#2 Portsmouth - Medical represented by
CDR Butler, MC

#3 San Diego - Medical represented by
CDR Hoeksema, MC

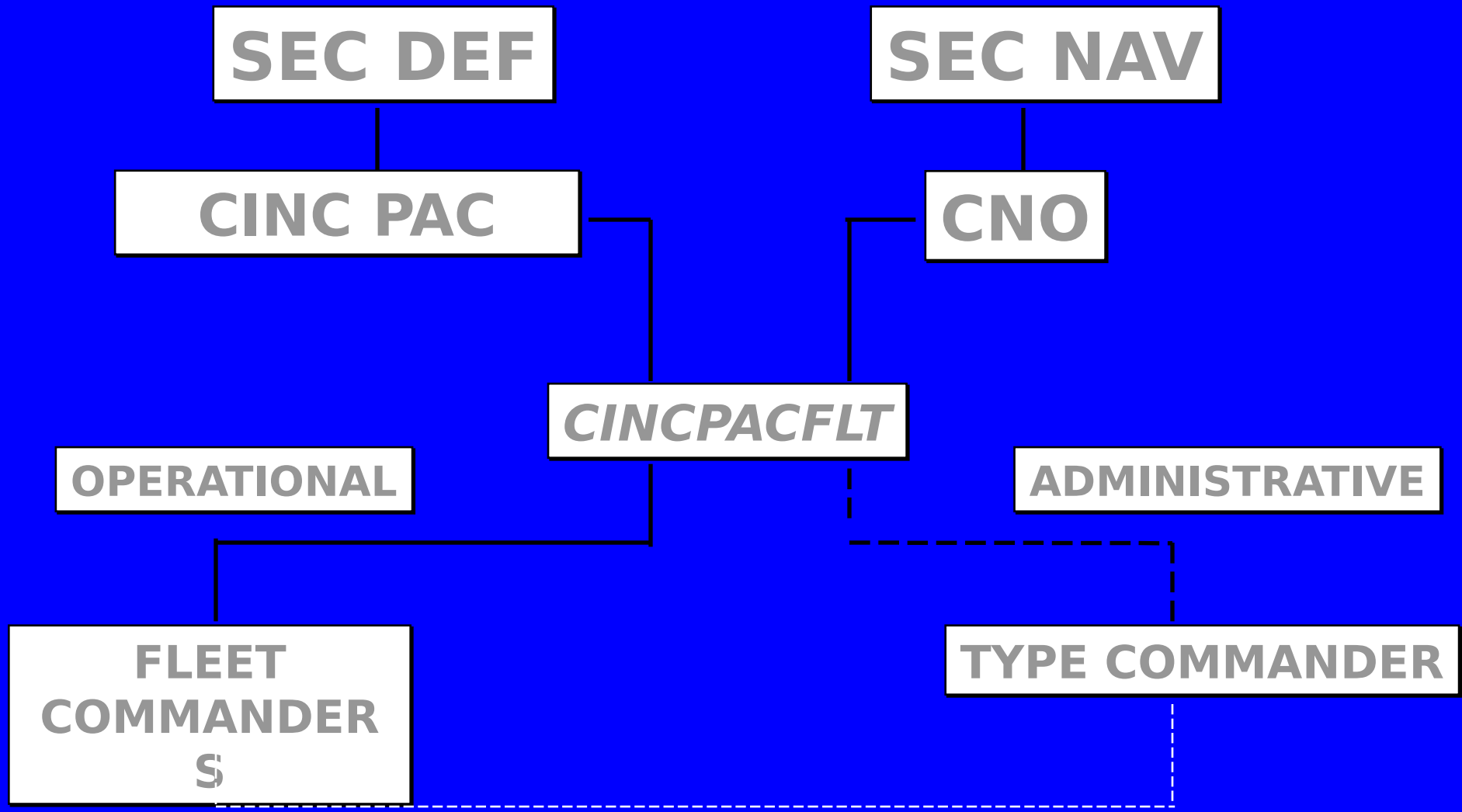
# Terminal Learning Objectives

**Understand the CATF Surgeon's functions within his/her chain of command (understand instruction 5450.5B)**

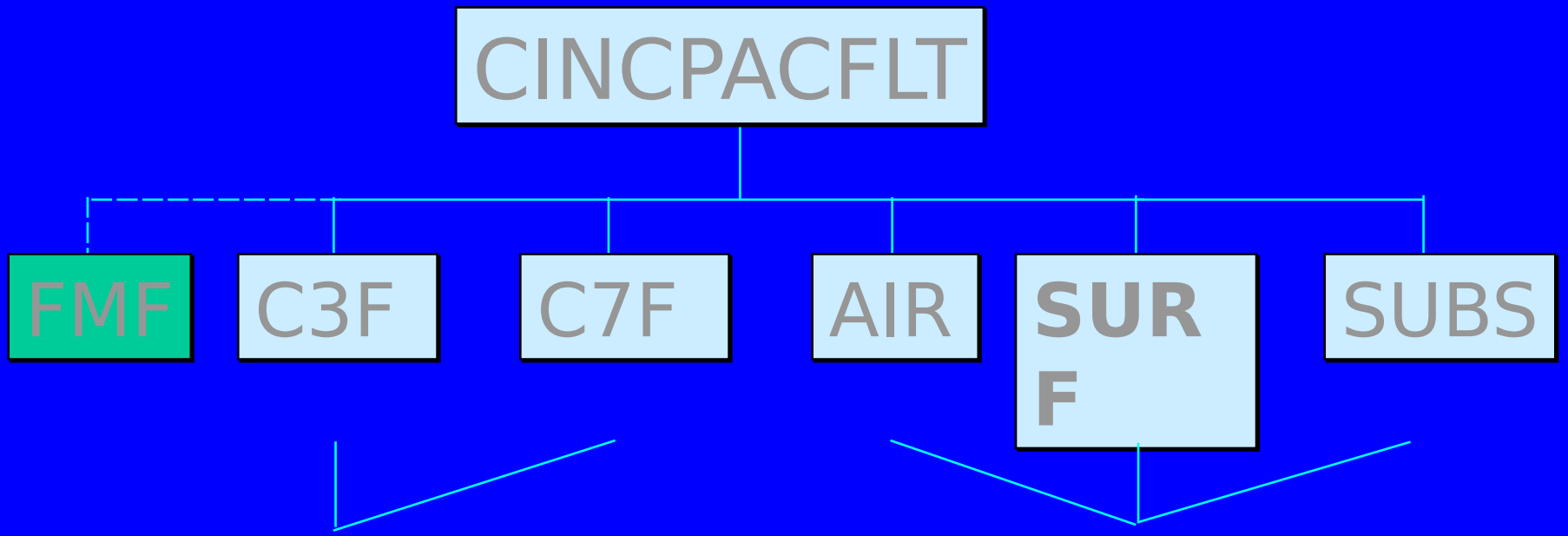
# Enabling Learning Objectives

1. **Distinguish Administrative from Operational Chains of Command**
2. **Identify the functions of the CATF Surgeon in administrative chain**
3. **Define place of the CATF Surgeon within operational chain (if any)**

# U.S. NAVY ORGANIZATION



# CINCPACFLT ORGANIZATION




**Operational -- Execution --**

**Administrative -- Advise -- Planning, Oversight,**

# SOME BASICS

AMPHIBIOUS GROUPS (all those ships with “L” names) are divided into 3 groups and further subdivided into 10 (#1-11) AMPHIBOUS READY GROUPS **(ARGs)**

**ARG + other assets (usually a landing force) = Amphibious Task Force (ATF)**

People in ATF = Tactical Amphibious Squadron (PHIBRON)

# THEREFORE ----

ARG ~ ATF ~ PHIBRON

# SOME BASICS RE: FST's CHAIN OF COMMAND

* CINCPACFLT/CINCLANTFLT are major claimants (not BUMED)
* Follow-on chain is:

  TYCOM (SURFPAC OR SURFLANT)

  COMPHIBGRU (1, 2,or 3)

  COMPHIBRON (ARG or ATF) (1-11)

# SOME BASICS RE: FSTs

* FST's are assigned to PHIBRONs by the Amphibious Group
* Total number = 9
* FST #s 1,3,5,7, & 9 are W/C
* Numbers do not parallel - e.g.. In Japan COMPHIBGRUs #1, PHIBRONs #11 and FST #7

# CATF SGN'S RESPONSIBIES

## *(as written in CPF INST 5450.5B)*

- **Not deployed, CATF Surgeon is OIC of FST**
- **When deployed, CATF Surgeon becomes Advisor to CATF & Senior Medical Authority Afloat for the ARG**
- **Medical Regulating Control Officer (MRCO) also assigned to PHIBRON**

# FST DEPLOYED

**Remainder of FST assigned to Ship's Medical Department under cognizance of SMO**

**Ship's CO assumes line authority**

**-- Operational**

# FST DEPLOYED

**Who is the boss -- the SMO or CATF surgeon?**

**“A FST with two bosses actually has no boss at all”**

# Functions of CATF Surgeon as OIC of the FST

1. **Coordinate administrative requirements of the FST**
2. **Ensure appropriate training of the FST**
3. **Ensure members are fully deployable**
4. **Maintain all training records**
5. **Officer fitness reports and enlisted evals.**

# Functions of CATF Surgeon as PHIBRON Staff Officer

**CATF Surgeon's specific responsibilities:**

1. **Provide medical expertise and assess medical intelligence for COMPHIBRON**
2. **Participate in long-term planning for amphibious operations**
3. **Senior Medical Authority Afloat for healthcare matters for entire ARG**

# Functions of CATF Surgeon as PHIBRON Staff Officer

4. **Pre-deployment POA & M**
5. **IDC physician preceptor for all IDCs in the ARG**
6. **InPut to fitness rpts. For all Medical Sr.Enlisted and Officers**
7. **PARs on all credentialed providers**
8. **Post deployment Critique**

# The Schizophrenia ***Problem***

As ***Advisor*** to Commander Amphibious Task Force -- CATF Surgeon is

***ADMINISTRATIVE***

As ***SM Authority A*** -- CATF Surgeon is ***OPERATIONAL*** -- maybe -- depends on interpretation of job_

# The Problem Cont'd

***Can the CATF Surgeon be both admin. & operational?***

***The meaning of SMAA -- controversial & personality driven***

# The FST Conundrum

Embarked/deployed OIC and MRCO attach to COMPHIBRON & everyone else TAD to ship

FST OIC becomes CATF Surgeon &

SMAA-- some have interpreted this to mean "***responsible for everything - authority over nothing***"

# The FST Null Hypothesis

If you mix seven different medical units together in one small space under stressful conditions with a new boss in some else's sandbox……

…….The laws of basic human nature will probably prevail_

# Functions of CATF Surgeon as PHIBRON Staff Officer

**Senior Medical Authority Afloat for healthcare matters pertaining to entire ARG**

***Suggests to me that responsibilities are global -- about coordination -- not pertaining to individual cases***

# CINCPAC/CINCLANT FLT instruction 5440.5B

**6.d.(3)**

**- COMPHIBRON (CATF) will ensure CATF Surgeon is given sufficient authority and support to perform duties as SMAA**

# MILITARY PRINCIPLE

**RESPONSIBILITY**
**AUTHORITY**
**ACCOUNTABILITY**

***THE THREE ARE INSEPARABLE***

# Management Strategies for Conflict Resolution

**1. "Knowledge is power"**

**-- attend staff and planning meetings**

**-- maximally utilize resources aboard**

**-- develop general medical knowledge**

**2. Network - VISABLE AND AVAILABLE**

# Management Strategies for Conflict Resolution

**Your job is primarily planning, oversight, and advice.**

**If you develop CREDIBILITY, only a fool would not listen to and incorporate your advice.**

*“ Standing By…. Ready to Assist “*